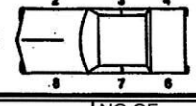
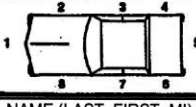
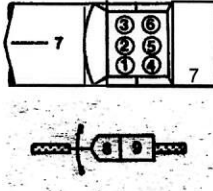


OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 15-21023		<input type="checkbox"/> OH-2 <input type="checkbox"/> OH-3		Lebanon Police		0830300		ODHS USE ONLY - 00 NOT MARK ABOVE				LOCAL FILE NO.			
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED 2		CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input type="checkbox"/> INJURY <input checked="" type="checkbox"/> PROPERTY DAMAGE ONLY			COMBINED VEH/PROP LOSS <input type="checkbox"/> OVER \$150 <input checked="" type="checkbox"/> UNDER \$150		HIT SKIP <input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED							
IN COUNTY OF WARREN IN <input checked="" type="checkbox"/> CITY			LEBANON			DATE OF CRASH: 12/30/15		THURS		TIME: MILITARY 0905					
CRASH OCCURRED ON 825 Hart Rd., Lebanon, OH, 45036						WITHIN THE INTERSECTION OF									
IF NOT IN INTERSECTION _____ MILES _____ FEET W N E S OF _____ (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NO.)						CITY CODE									
LOG-1		LOG-2		LOC JUR FH9 FILT											
A	UNIT NO. 1	NO OF OCCUPANTS		OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO OR AGENT									
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) Townley, Deborah, L						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 2065 Keever RD., Lebanon, OH, 45036									
PHONE NO. 513-405-2682		BIRTH DATE 2/13/61		AGE 54	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. RN669139		OCCUPATION				
OWNER (IF SAME AS DRIVER, WRITE SAME) Lebanon City Schools						ADDRESS 700 Holbrook Ave, Lebanon, OH, 45036				PHONE 513-934-5838					
VEH YR 2004	MAKE International	MODEL Bus		COLOR Yellow	STYLE Bus	STATE OH	LICENSE PLATE NO. 07332		TOWING SERVICE N/A		VEH/PED DIR FROM TO				
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
8	UNIT NO. 2	NO OF OCCUPANTS		OPERATING <input type="checkbox"/> PARKED <input checked="" type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN NON CONTACT <input type="checkbox"/>		INSURANCE CO. OR AGENT									
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) Bigner, Christine, A						ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1770 Goldenrod CT., Lebanon, OH, 45036									
PHONE NO. 937-269-8081		BIRTHDATE 3/21/66		AGE 49	SEX F	SOCIAL SECURITY NO.		STATE OH	DRIVER'S LICENSE NO. RU262037		OCCUPATION				
OWNER (IF SAME AS DRIVER, WRITE SAME) Lebanon City Schools						ADDRESS 700 Holbrook Ave, Lebanon, OH, 45036				PHONE 513-934-5838					
VEH YR 2002	MAKE International	MODEL Bus		COLOR Yellow	STYLE Bus	STATE OH	LICENSE PLATE NO. 07300		TOWING SERVICE N/A		VEH/PED DIR FROM TO				
CIRCLE DAMAGE AREAS 		9 TOP 10 UNDER CAR 11 LOAD 12 TRAILER		DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input checked="" type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE <input checked="" type="checkbox"/> NONE <input type="checkbox"/> MODERATE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION <input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE					
C	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE m d y		AGE	POSITION A 1 B C D E F			INJURIES A 5 B C D E F				
		ADDRESS			PHONE		SEX								
D	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE m d y		AGE	I 1 FATAL 2 SERIOUS VISIBLE 3 MINOR VISIBLE 4 NO VISIBLE INJURY 5 NOT INJURED							
		ADDRESS			PHONE		SEX								
E	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE m d y		AGE	CONDITION A 1 B C D E F							
		ADDRESS			PHONE		SEX								
F	FROM UNIT NO.	NAME (LAST, FIRST, MI)			BIRTHDATE m d y		AGE	P-PEDESTRIAN 			1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN				
		ADDRESS			PHONE		SEX								
A	B	C	INJURED TAKEN TO _____ By _____				A 8 B C D E F			ALCOHOL A <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> YES <input type="checkbox"/> NO					
D	E	F	INJURED TAKEN TO _____ By _____				I 1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED			1 TESTED 2 TESTED					
A <input type="checkbox"/> ORC OFFENSE CHARGED AND DESCRIPTION							EJECTION A 1 B C D E F			DRUGS A 1 B C D E F					
O <input type="checkbox"/> ORC. CITY ORD. OFFENSE CHARGED AND DESCRIPTION															
RECEIVED CALL 0905		DISPATCHED 0908		ARRIVED 0912		CLEARED 0933		OTHER TIME		TOTAL MINUTES 00off0ff		I 1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE		1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG	
DATE REPORT FILED 12/30/15		PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		OFFICER'S NAME Ptl. Crockett Brummett		BADGE NO. 111		CHECKED BY							